

EXHIBIT

Certificated Personnel

Catastrophic Leave Provisions - Exhibit 4162

KONOCI UNIFIED SCHOOL DISTRICT

Name of Employee _____

I wish to donate _____ days from my accumulated sick leave to:

Name of Employee _____

who has requested sick leave days under the certificated catastrophic leave policy.

Date _____ Signed _____

Eligible sick leave credit shall be granted under the following conditions:

- 3.12.1.1 The employee presents medical verification (as defined in G.C. 12945.2) for himself/herself or for his/her family member (as defined in G.C. 12945.2 that the need exists. The verification shall define the time of leave needed.
- 3.12.1.2 The superintendent or his/her designee has determined that the employee is unable to work due to the employee's or his/her family member's catastrophic illness.
- 3.12.1.3 The employee has exhausted all accrued paid sick leave, vacation time and compensation time.